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Bib Data Sheet

CONFIRMATION NO. 6482

<b>SERIAL NUMBER</b> 10/757,262	<b>FILING OR 371(c) DATE</b> 01/14/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> MPI03- 007P1RNOMNIM
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## APPLICANTS

Venkateswarlu Karicheti, Chapel Hill, NC;  
 Inmaculada Silos-Santiago, Del Mar, CA;  
 Scott D. Eliasof, Lexington, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/440,318-01/15/2003 and claims benefit of 60/444,783-02/04/2003.  
~~and claims benefit of 60/457,901-03/27/2003~~  
~~and claims benefit of 60/468,775-05/08/2003~~  
~~and claims benefit of 60/471,614-05/19/2003~~  
~~and claims benefit of 60/478,742-06/16/2003~~  
~~and claims benefit of 60/488,529-07/18/2003~~  
 and claims benefit of 60/491,156-07/30/2003  
~~and claims benefit of 60/499,594-09/02/2003~~  
~~and claims benefit of 60/506,332-09/26/2003~~

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY NC	SHEETS DRAWING 0	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 1
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## ADDRESS

22907

## TITLE

Methods and compositions for treating urological disorders using carboxypeptidase Z identified as 8263

<b>FILING FEE RECEIVED</b> 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>APPLICANTS</b> Venkateswarlu Karicheti, Chapel Hill, NC; Inmaculada Silos-Santiago, Del Mar, CA; Scott D. Eliasof, Lexington, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/491,156 07/30/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/08/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 22907				
<b>TITLE</b> Methods and compositions for treating urological disorders using carboxypeptidase Z identified as 8263				
<b>FILING FEE RECEIVED</b> 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	